

Please type a plus sign (+) inside this box →

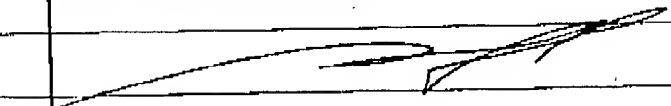
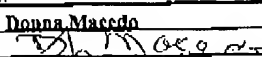
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PTO/SB/21 (06-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/057,846	RECEIVED CENTRAL FAX CENTER SEP 02 2004
		Filing Date	January 25, 2002	
		First Named Inventor	ROSKELLEY, CALVIN	
		Group Art Unit	1624	
		Examiner Name	Kahsay Habte	
Total Number of Pages in This Submission		21	Attorney Docket Number	SMAR-020
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Requested <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620			
Signature				
Date	September 2, 2004			
CERTIFICATE OF FACSIMILE TRANSMISSION				
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 703-872-9306 on this date: September 2, 2004.				
Typed or printed name	Donna Macco		Date	September 2, 2004
Signature				

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**475.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number: 50-0815
Deposit Account Name: Bozicevic, Field & Francis LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17.☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1001 770	2001 385	Utility filing fee
1002 340	2002 170	Design filing fee
1003 530	2003 265	Plant filing fee
1004 770	2004 385	Reissue filing fee
1005 160	2005 80	Provisional filing fee

SUBTOTAL (1)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

**or number previously paid, if greater; For Reissues, see above.

Complete if KnownApplication Number: 10/057,846
Filing Date: January 25, 2002
First Named Inventor: ROSKELLEY, CALVIN
Examiner Name: HABTE, KASHAY
Art Unit: 1624
Attorney Docket No.: SMAR-020**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051 130		2051 65		Surcharge - late filing fee or oath
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet
1053 130		1053 130		Non-English specification
1812 2,520		1812 2,520		For filing a request for ex parte reexamination
1804 920*		1804 920*		Requesting publication of SIR prior to Examination action
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action
1251 110		2251 65		Extension for reply within first month
1252 420		2252 210		Extension for reply within second month
1253 950		2253 475		Extension for reply within third month
1254 1,480		2254 740		Extension for reply within fourth month
1255 2,010		2255 1,005		Extension for reply within fifth month
1401 330		2401 165		Notice of Appeal
1402 330		2402 165		Filing a brief in support of an appeal
1403 290		2403 145		Request for oral hearing
1451 1,510		1451 1,510		Petition to institute a public use proceeding
1452 110		2452 55		Petition to revive - unavoidable
1453 1,330		2453 665		Petition to revive - unintentional
1501 1,330		2501 665		Utility issue fee (or reissue)
1502 480		2502 240		Design issue fee
1503 640		2503 320		Plant issue fee
1406 130		1406 130		Petitions to the Commissioner
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)
1806 180		1806 180		Submission of Information Disclosure Siml
8021 40		8021 40		Recording each patent assignment per property (times number of properties)
1809 770		2809 385		Filing a submission after final rejection (37 CFR § 1.129(a))
1810 770		2810 385		For each additional invention to be examined (37 CFR § 1.129(b))
1801 770		2801 385		Request for Continued Examination (RCE)
1802 900		1802 900		Request for expedited examination of a design application

Other fee (specify):

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

475.00

SUBMITTED BY

Name (Print/Type)

Bret E. Field

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(Attorney/Agent)

37,820

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Date

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09/02/2004

Signature

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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